

Abstract 232

OPERATION OF THE SINGLE CHANCE: MULTIDISCIPLINARY APPROACH OF REPAIR OF A DEEP TRACHEO-OESOPHAGEAL FISTULA.

Type: Oral/Forum/Poster

Topic: Interesting case report

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We want to share the experience of our multidisciplinary team of thoracic surgeons, ENT-surgeons, reconstructive surgeons and anaesthesiologists in resolving a deep tracheo-oesophageal fistula after laryngectomy and radiotherapy by combining all technical skills available.

Methods

A 24-year old female patient was referred to our departments with a long and deep trachea-oesophageal fistula of 31mm in length upto 2.5cm above the carina after necrosis of the common party wall of pars membranacea and anterior oesophagus and a separate pharyngocutaneous fistula in the anterior neck.

16 months earlier she underwent a laryngectomy for an adenoid cystic carcinoma of trachea and subglottis, followed by radiotherapy. The postoperative period was complicated by fibrosis, leakage around the voice prosthesis and subsequent stenosis of the neopharynx. Therefore a stent was placed in the proximal oesophagus, ultimately leading to disruption of the tracheo-oesophageal septum.

**Results**

Through a right thoracotomy in the 4th intercostal space the trachea was reached and the thoracic oesophagus mobilized. The end-standing tracheostomy was freed from the proximal oesophagus and the stenotic neopharynx was divided and resected upto the base of the tongue. A free skin-fascia flap pediculated on the radial artery and vein was harvested. This flap was then sutured in place via the thoracotomy to reconstruct the lost pars membranacea while on continuous left single-lung ventilation and off-pump. After revascularization of the graft to the neck vessels, the gastro-intestinal tract was reconstructed by creating a pharyngogastrostomy by means of a gastric tubulus. To conclude the remaining piece of the graft was sutured in place to cover the stomach at the level of the neck and a surgical jejunostomy was put in place.

The patient is doing reasonably well 4 months postoperative.

Conclusions

This case demonstrates how this often lethal complication could only be resolved by combining the specific

skills of every disciplin involved.

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